Department of Labor and Industries Boiler Section PO Box 44410 Olympia WA 98504-4410 PHONE (360) 902-5270 FAX (360) 902-5292



## MONITORING Q.A./Q.C. PROGRAMS RECORD

www.lni.wa.gov/scs/boilers

Customer Identification								
To (Name and Title)		Date			Shee	t Of		
Customer's Company Name	Ins	pection Branch Inspection Region Bo			☐ Follo	oiler Office Use Only  Follow-up required Closed		
Inspection Location		Shop		Field Assembly		Repair/ Alteration	☐ Inservice	
Monitoring Results								
I, the undersigned, have monitored your QA/QC manual on:				And find the following sections				
Satisfactory Give numbers and title								
Unsatisfactory Identify QA/QC manual section (Number and Title) OR identify the specific nonconformance as applicable.								
CUSTOMER: Please describe the resolution of these items in the "CUSTOMER'S RESOLUTION" section below, and give date for completion of corrective action, so that items may be remonitored by:								
Please keep the Original of this form for your records and return a copy to Inspector named below:  Distribution:  Date signed   Signed (Boiler Inspector)								
Boiler Inspector Inspection File								
Customer Resolution								
Resolution of those items described above as being u	,							
Date Corrective Action will be completed Date			d (Customer's Representative)					
Remonitoring Results								
I, the undersigned, have remonitored the above satisfactory conditions on:  Satisfactory Unsatisfactory (Explain below)				And found	them:			
Distribution: ☐ Boiler Inspector ☐ Inspection File	Date signed	Signed (Boiler Inspector)						